FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Infor	matic	on			Į. iodoo ioda	inoti dottorio D	crore compre	and for it	olice regarding	g public built	ien.j						
Name and Mailing Addre														1			
CRAW-KAN TELEPHONE COOPERATIVE, INC. 200 N. OZARK GIRARD, KS 66743														Check here if this is a change of address.			
Year Report Filed	g Period (En	ding Date of P	ay		4. Number	of Full-Time E		N # C									
2018				RCH 31				Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)									
SECTION II - Full-Time Em	ploye	es.							-								
Job Categories								Nur (Report emp	nber of Emplo loyees in only	oyees one categor	у)						
			Race/Ethnicity														
			panic or atino		Not-Hispanic or Latino												
			aurio	Male				9				Fe	male	700 m o	Total Columns A - N		
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	1 1000 1000	
		А	В	С	D	E	F	G	н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1			I												1	
First/Mid-Level Officials and Managers	1.2			7												7	
Professionals	2			4						I						5	
Technicians	3			2												2	
Sales Workers	4			1												1	
Administrative Support Workers	5		1	2						9						12	
Craft Workers	6			38						4						42	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	1	55	0	0	0	0	0	14	0	0	0	0	0	70	
PREVIOUS YEAR TOTAL	11	0	1	49	0	0	0	0	0	1.1	0	0	0	0	0	<i>(</i> 1	

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SECTION III - Part-Time Em	oloye	es.														
		Number of Employees (Report employees in only one category)														
Job Categories									Race/Ethnicit		11			H= //- 701		
		Hispanic or Latino		Not-Hispanic or Latino												
				Male							Female					
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N
		Α	В	С	D	E	F	G	Н	1	J	к	L	М	N	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3			7						0						7
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6												-			0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
PREVIOUS YEAR TOTAL	11	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
SECTION IV - Report of Discri	mina	tion Compla	ints Pursuar	t to 47 CFF	22.321, 23.55	, 90.168, 101	.4, and 101.3	311.								
This is to advise th company before ar This is to advise th (Attach a list indica	iy bod e Con	ly having cor nmission tha	mpetent jurisd t the following	complaints	h matters durin alleging violation	ig the calenda ons of the pro	r year covere	ed by this repo	rt. vment annortu	nity statute k	ave been filer	anainet this	company			
SECTION V - Certification I certify that to the best of my kn	owled	ige, informat	ion, and belief	, all stateme	ents in this repo	ort are true an	d correct.									
			ame of Person				Signature - Tolophogo No.									
	Cra	ig Wilb	ert			(620) 724-8235										
Title of Person Signing General Manager					WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											